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ABSTRACT

The adequacy of nursing education programs in preparing nurses to meet current and future societal needs is addressed, with attention directed to baccalaureate programs, faculty, and graduates. It is suggested that research findings and anecdotal reports have validated the dysfunction phenomena between baccalaureate nursing education, the practice situation, and first job adjustment problems. Critics have claimed that nursing education programs are more concerned with promoting theories of education and of "what a nurse should be" rather than graduating people prepared to carry out the service responsibilities currently assigned by hospitals and other health agencies. Conversely, some educators say the employment setting does not reinforce professional experience and the nurse's view of self and individual capacities, and that hospital administration is resistant to changes in the responsibilities assigned to beginning nurses and in the organization of nursing services that would accommodate the skills, attitudes, and expectations of newly graduated nurses. It is suggested that both sides need to focus on increasing their understanding of appropriate ways of introducing new graduates into the service setting. Educators need to initiate discussions among nursing service administrators increasingly regarding probable deficiencies in the preparation of the new graduate both during the educational process and during orientation to the work setting. The value of examining research on what people learn from teachers is noted. It is further proposed that what may be needed is more concentration on a redefinition of goals of higher education in nursing to promote present functioning of novices and to prepare graduates to work on unpredictable, complex problems of the future. (SW)

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Is Academic Nursing Preparing Practitioners To Meet Present and Future Societal Needs?

*A dean
addresses a
critical issue
facing nurse
educators*



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Is Academic Nursing Preparing Practitioners To Meet Present and Future Societal Needs?

Geraldene Felton

This paper was presented at the AACN semiannual meeting on October 9, 1980, in Washington, D.C., as a part of the symposium which considered "Issues of Preparing Basic and Advanced Practitioners for Future Needs."

Is Academic Nursing Preparing Practitioners To Meet Present and Future Societal Needs?

My assignment on this program is to address the question, "Is academic nursing preparing practitioners to meet present and future societal needs?" Some say the answer can only be a qualified no; in my opinion, the statement requires elaboration. I should explain that, broadly speaking, in this context the term "academic nursing" includes both baccalaureate and master's programs; however, the discourse which follows will focus on the generic baccalaureate graduate. It will include her/his readiness for the professional practice of nursing; frank review of criticisms aimed at graduates and faculty by employers; honest appraisal of "how we got that way;" and ideas for change. Thus, rather than accept a qualified "no" to the above question, I propose that the statement requires much elaboration both pro and con. Certainly it is increasingly apparent to all of us in "academic nursing" that we face serious problems in the years ahead, problems for which our education and experience may not have adequately prepared us.

Protests from Nursing Service

A recent speech at a meeting of the Midwest Alliance in Nursing and a resulting publication discussed at length what is wrong in nursing education. According to Wagner,¹ the major complaint from nurse administrators she surveyed is that the neophyte lacks the basic skills required to practice nursing in the acute care setting. The litany is as follows: Generic students do not have enough clinical experience, either total or around-the-clock. Upon graduation they are not prepared for the realities of the work setting, are unable to set priorities, make judgments, adapt to the work system, or willing to accept the limitations that weekends and shift rotations impose upon their personal lives. In addition, Wagner states that preliminary research data indicate costs for recruiting, hiring, orienting, and inservice training of each new generic graduate are \$5,791 compared to \$2,115 for an experienced new nurse. Wagner's respondents also reported the cost of preparing each new graduate to work in intensive care as \$9,558 compared to \$5,500 for "training" experienced nurses hired for extensive care units.

Wagner believes that the most confusing aspect of nursing education is the variety of basic graduates with which the nurse administrator is confronted. She points out that "Without categorical distinctions in nursing practice, separate levels of nursing education are

¹Presented by Geraldene Felton, Ed.D., R.N., F.A.A.N., Dean, College of Nursing, University of Iowa.

hardly warranted or justified." She goes on to say that distinctions in type of program are often ignored, reporting that her nurse administrator colleagues do not recognize differences in experience, skill, or training among generic graduates in terms of placement or starting salary. All are supposed to function at the same level. In viewing this state of affairs, confusion in nursing education and unrealistic utilization of the three types of graduates by nursing administration, one could properly question whether two wrongs can make a right? From the description given above the author seems to be saying that just what has gone awry in nursing education is hard to define, but it's like pornography, you know it when you see it.

Baccalaureate Programs and Faculty

Then there is the nursing supply/demand imbalance. Although the causes are admittedly many, they are thought to be compounded by nursing education programs which are often viewed as being more concerned with carrying out our own theories of education and of "what a nurse should be" rather than graduating people prepared to carry out the service responsibilities currently assigned by hospitals and other health agencies. Recurring recommendations from these critics are that:²

- We improve collaboration and avenues for joint planning between education and service.
- We improve the clinical competence of faculty members.
- Faculty members make formal contributions to the service setting.
- We extend the amount of time students spend in the clinical setting in order to provide opportunity for them to become appropriately socialized to the behaviors of the practicing nurse and the world of work; experience continuity; develop clinical competence, accountability, and judgment; and experience the continuum of nursing care as the patient and family require it.
- We include study which familiarizes students with the perspectives, functions, and language of the physician, and therapeutics in general.

Other sources also complained about nursing faculty.³ It is said that some faculty lack clinical experience to demonstrate application of real life solutions to real life problems; do not take the time to learn about the clinical area or the agency in which they teach students; abdicate their responsibility by misuse of the independent study option in clinical settings; and fail to recruit and graduate enough students including those from ethnic minorities.

Followup Data: Baccalaureate Graduates

Watson's research at the University of Colorado⁴ followed baccalaureate nursing students longitudinally from year one to year three in their educational programs, measuring the characteristics of

concreteness-abstractness, self-esteem, and professional role orientation. The student results were compared with the same measures on recent baccalaureate nurse graduates and practicing nurses in general. The findings indicated that desired characteristics (conceptual, personal, and professional) remained stable and improved during the baccalaureate nursing education program. However, recent baccalaureate nurse graduates began to decrease their scores on the desired characteristics and began to look more like practicing nurses in general.

These data may lend support to other studies of nursing students which have indicated that weak commitment to career goals is a major problem. Rather than embracing the lifestyle necessitated by the choice of the profession of nursing, with all other interests complementary or subsidiary to it, the future lifestyle of the graduate is more liable to be determined by personal interest in the prevailing feminine role in society. Two of our colleagues, Fagin⁵ and Kramer⁶ among others, have stated that many university nursing programs prepare students for an unreal world and thus contribute to the potential of losing the benefits of a well-prepared, committed, intelligent group of dedicated people because graduates enter the world of work unable to cope and lacking an adequate support system for succor, sustenance, and guidance.

According to a 1977 survey conducted by the American Nurses' Association,⁷ there were approximately 1,400,000 registered nurses in the United States of whom 70 percent or 988,000 were employed. Sixty percent (592,800) were employed on a full-time basis, while 40 percent (395,200) were employed part-time. It is important to examine the composition of the 30 percent of R.N.s who were not employed; at least two factors help explain what can seem to be an alarming figure. When the "not employed" figure is broken down, the data revealed that 10 percent were women with children below school age; their return to the work force at least on a part-time basis seemed a distinct possibility. At the other end of the age spectrum, the non-employed included an unexpected 24 percent who were over 60 years of age. The strong tendency of registered nurses to retain a license, even when not expecting to return to active employment, has resulted in some unwarranted criticisms of nursing with questions of "Where are they?" Nevertheless, while such information helps defend why only approximately 3 percent of unemployed registered nurses were seeking jobs in 1977, it cannot condone the weak commitment to career goals mentioned above. Nursing education must examine its involvement in this state of affairs.

Thus, the complaints, the interpretations of the problems, and the findings of studies of new baccalaureate graduates are sometimes excruciatingly right on the mark, sometimes incoherent and sometimes capricious. Also, they may make comparisons of questionable accuracy, such as in the determination of cost figures for recruitment, turnover, and orientation. Nonetheless, a summary of research findings and anecdotal reports have validated the dysfunction phenomena between baccalaureate nursing education, the practice situation, and first job adjustment problems. The complaints are justified by the available facts. The

problems involved address us as responsible citizens as well as professionals.

Response from Nurse Educators

Conversely, some educators say the employment setting does not reinforce professional experience and the nurse's view of self and her/his capacities. Further, we say, the perceived obduracy ascribed to nursing education is matched by the resistance of hospital administration (and the physicians on medical staffs), to changes in the responsibilities assigned to beginning nurses and in the organization of nursing services which would accommodate to the skills, attitudes, and expectations of newly graduated nurses.

Caught in this very real conflict, we educators say nurses will increasingly tend to opt out rather than confront and help to resolve the problem (especially if they have other options), further exacerbating the supply inadequacies and costs associated with recruitment and orientation. Then too, the fact that women in general increasingly have substantially broader educational and career opportunities reduces the pool of persons available to seek or remain in a career in nursing. This is compounded by the perception of far too many young people that working conditions and rewards in nursing (especially in hospital nursing) are inconsistent with modern lifestyles and the expectations of educated people. Thus, it is clear that there are arguments on both sides.

Both Sides: Education and Service

Most nurse academics still believe in such things as the traditional focus on liberal arts learning, the traditional arguments about the unifying purpose of collegiate nursing education, and that higher education provides substantial individual and social benefits that make life meaningful and satisfying beyond preparation for a job. Thus, the dominant issue of the debate between education and service is how higher education can accommodate to the problems relating to utility for the world of work without losing its academic integrity. However, whatever else higher education should be about, the minimum it should be about is learning, values, and how to put knowledge to work!

Most nursing service personnel know and appreciate that curricular change is difficult to implement. The complexities are even more difficult to comprehend for the non-nurse. A nursing school curriculum is an intense learning experience which is subject to an inevitable degree of failure and dissatisfaction simply because of the amount of material to be taught, assimilated, and practiced in order to prepare the future nurse for her/his professional role. At the present state of the art, most nursing faculties have concentrated their efforts on developing, defining, and refining the basic core materials every neophyte nurse should know. The "preparatory" years of nursing study should be utilized to master this content.

An examination of any baccalaureate student's preparation would reveal many areas of educational deficiency, hence the problem of a

nursing school faculty is to establish priorities and to make decisions as to which areas of education cannot be ignored. Obviously, either by conscious or unconscious exclusion or inadequacy, certain emphases have received low priority in recent years. Today, students, faculty, practicing nurses, and society are indicating that educational priorities related to quality of "practice readiness" must be reconsidered. In my opinion, there is some consensus that this is desirable and that a school's commitment to such priorities must be evident.

The Future

We are at a point, therefore, where query about "why to do it" is no longer an issue. Rather, faculties must be concerned with implementation of necessary changes and with the logistics of implementing these changes in an already overloaded and perhaps inadequate educational experience. The real question is "What are the most appropriate changes to implement?" Besides the disjunction, the first job adjustment problems, the socialization problems, and the problems of faculty members unequally prepared to teach, it is clear that although the number of hospital beds has been and may be further reduced, health care demands—physiological, technological, and psychological—have increased. More and better clinically prepared nurses are needed to take care of fewer but more seriously ill patients.

Now is the time to open (or reopen) the dialogue with health care and nursing administrators. The timing is right for the beginning of meaningful exploration of the problems and practical alternatives to many of the concerns. I believe health care administrators are prepared to listen carefully. But we educators cannot continue to perpetuate a myth that is in serious conflict with reality. This is not to ignore that barriers to cooperation exist on every level: organizational, professional, conceptual, legal, educational, financial. It is not too difficult for experienced observers of the nursing scene to identify and describe the forces which are likely to affect nursing and nursing education and the delivery and financing of health care services in the coming decade. Nor is it particularly difficult for any of us who are experienced in trying to solve problems in this milieu to interpret the directions in which those forces will take us if we merely sit back and observe them.

To repeat, it certainly is apparent to all of us that we face serious problems in the years ahead, problems for which our education or experience may not have adequately prepared us. For some, the problems will appear insoluble, and those educators will retreat as rapidly as possible. For other deans and faculty, the problems will appear unreal, and they will fight to preserve the status quo and to protect their perceived self-interests as long as possible, at least until they are literally "shot down in flames." But my message is directed at the majority among us: those who are willing to face the future squarely and realistically; those whose creative juices flow most productively when the problems are the most difficult; those who have the capacity and

willingness to mobilize our colleagues and resources to help resolve some of the fundamental issues dividing education and service.

It is likely that the focus of the battles to come will resemble those of the past: the extent to which the status quo can be maintained. In that kind of environment, objectivity and rationality become lost arts, and the contending forces tend to lose sight of the extent to which they have interests and goals in common. Unless another kind of approach can be designed and put into operation, the very real opportunities to resolve problems through cooperative effort between education and service will be totally sacrificed.

Three Ideas

As a starting point for discussion, I offer three very disparate ideas for consideration.

First, it seems to me that we must join in resisting simplistic solutions to the problems involved in relating nursing education more directly to practice. Both sides need to focus on increasing their understanding of appropriate ways of introducing new graduates into the service setting. My rationale is that those of us who think we understand may not have entered into dialogue with nursing service often enough to grasp the real seriousness of their concerns and viewpoints.

It follows that educators must be prepared to initiate discussions among nursing service administrators more than we have in the past about probable deficiencies in the preparation of the new graduate both during the educational process and during orientation to the work setting. As more of our dreams for what nursing can be are more nearly realized, we become no less demanding, but more willing to compromise and willing to blend our interests with those of our service colleagues. The demands on the health service agencies are ever changing and never ceasing. As a result, nursing and nursing education are becoming everybody's business. Our curricula, our pedagogy, and our modes of practice will change as we seek and revise the nature of our unique identity. As these changes are taking place, academic nursing in turn is also being changed. We can now better appreciate what Dobzhansky¹ meant when he wrote: "By changing what he knows about the world, man changes the world he knows; and by changing the world in which he lives (and works), man changes himself."

A *Second Idea* is that another side of the administration argument requires that we look at research on what people learn from teachers. The enduring impact of a teacher may be very personal. But substantive content may become dated, or turn out to be wrong or recalled in distorted perspective. Moreover, most of it must soon be forgotten if the student later finds no use for it; and what is later functional is often acquired independently of earlier schooling and without benefit of great teachers. The implications here are many . . . It may mean that however good is the general principle that clinical faculty in collegiate schools be practitioners, the jury is still out. In addition, much of the reporting of

outcomes of faculty practice models are anecdotal in nature and do not adequately address the implications of the realities of the criteria used to evaluate faculty performance, particularly in the university.

A Third Idea is this. If we believe that the real purpose of higher education in nursing should be to prepare people to work on the emerging systematic problems of nursing and health, traditional approaches have been inappropriate because they are based on outmoded assumptions about the nature of the tasks that need to be done. We are being pressured, and we are responding by preparing novices for the jobs and tasks of the past. What may be needed is more concentration on a redefinition of goals of higher education in nursing to sustain novices in being able to function in the present, but also to prepare graduates to work on the unpredictable, complex, and dynamic problems of the future.

The question I have been addressing was "Is academic nursing preparing practitioners to meet present and future societal needs?" Many say no. I maintain that in some respects we are. In any case, we continue to try and we should benefit from learning about our mistakes and failures. No one will deny that we are working hard to graduate adequately prepared neophyte nurses who are struggling very hard to be taken seriously. Given a fair chance, young graduates are making great efforts to look professional, act with dignity, and make meaningful contributions as individuals with talent, ability, and purposes. They understand the importance of being able to live with the consequences of whatever they decide to do. Until we educators know how to prepare them better, there is no more desirable statement that can be made as to the adequacy of preparation for the professional practice of nursing. Therein lies a paradox, and a chastening one.

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